## UNITED STATES PATENT & TRADEMAR OFFICE Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                                      |                                   |                             |                                       |                 |             |
|--|-----------------------------------|-----------------------------|---------------------------------------|-----------------|-------------|
| 1 Date of Request: 2-27-95 2 Serial/Patent #                       |                                   |                             |                                       |                 |             |
| 3 Please refund the following fee(s):                              |                                   | 4 PAI<br>NUI                | PER<br>MBER                           | 5 DATE<br>FILED | 6 AMOUNT    |
| *  | Filing                            | 7                           | 3                                     | 1.1B.95         | \$ 1112°    |
|  | Amendment                         |                             |                                       |                 | \$          |
|  | Extension of Time                 |                             |                                       |                 | \$          |
|  | Notice of Appeal/Appeal           |                             |                                       |                 | \$          |
|  | Petition                          |                             |                                       |                 | \$          |
|  | Issue                             |                             |                                       |                 | \$          |
|  | Cert of Correction/Terminal Disc. |                             | · · · · · · · · · · · · · · · · · · · |                 | \$          |
|  | Maintenance                       |                             |                                       |                 | \$          |
|  | Assignment                        |                             |                                       |                 | \$          |
|  | 0ther                             |                             |                                       |                 | \$          |
|  |                                   | 7 TOTAL AMOUNT<br>OF REFUND |                                       |                 | \$111200    |
|  |                                   | 8 TO BE REFUNDED BY:        |                                       |                 |             |
| 10 REASON:   |                                   | Treasury Check              |                                       |                 |             |
| メ  | Overpayment                       | 人                           | Cı                                    | redit Depo      | osit A/C #: |
|  | Duplicate Payment                 | , 140455                    |                                       |                 |             |
|  | No Fee Due (Explanation):         |                             |                                       |                 |             |
|  |                                   |                             |                                       |                 |             |
|  |                                   |                             |                                       |                 |             |
|  |                                   |                             |                                       |                 |             |
| 11 REFUND REQUESTED BY:  |                                   |                             |                                       |                 |             |
| TYPED/PRINTED NAME: TERRY LACKLEY TITLE: LE                        |                                   |                             |                                       |                 |             |
| SIGNATURE: SOR ALT 2   |                                   |                             |                                       |                 |             |
| OFFICE:  |                                   |                             |                                       |                 |             |
| THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED: DATE: 3-13-67 |                                   |                             |                                       |                 |             |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B ID MCH TPE NAME OR ACCOUNT C-NBR MLEDTE CURDTE F-C \$ AMOUNT

D 130 1 140455 13122 950118 950213 101 2,706.00

D 180 1 140455 18028 950316 950316 101 1,112.00-

NO MORE TRANSACTIONS

ID MCH TPE NAME OR ACCOUNT C-NBR MLEDTE CURDTE F-C \$ AMOUNT D 130 1 140455 13122 950118 950213 101 2,706.00 NO MORE TRANSACTIONS

END OF YOUR QUERY